



State of Washington
Application for a Water Right



For Ecology Use

Fee Paid \$10.00
CHK # 9544
Date 5-20-2002

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Production Land Company, Inc. Home Tel: () -
Mailing Address 104 S. Freya St., Yellow Flag Bldg., Suite 207 Work Tel: (509) 533 - 1615
City Spokane State WA Zip+4 99202 + 4866 FAX: (509) 533 - 1644

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Vern Scoggin Home Tel: () -
Mailing Address 104 S. Freya St., Yellow Flag Bldg., Suite 207 Work Tel: (509) 533 - 1615
City Spokane State WA Zip+4 99202 + 4866 FAX: (509) 533 - 1644
Relationship to applicant Spokane Rock Products, Inc., Compliance Engineer

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1000 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)
of Concrete production, aggregate washing, dust control, truck washing, road construction. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient. Legal description attached

Estimate a maximum annual quantity to be used in acre-foot per year: 766 acre feet per year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>one</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>10 inch diameter, 200' ± deep</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1626 feet east and 980 feet north of the SW corner of section 26, T25N, R41E, W1M

1/4 of	1/4 of <u>Per</u>	Section	Township	Range (E/W)	County	If location of source is plotted, complete below:		
						Lot	Block	Subdivision
<u>SE</u> <u>SW</u>	<u>SW</u>	<u>26</u>	<u>25</u>	<u>41E</u>	<u>Spokane</u>			

For Ecology Use Date Received: 5-20-2002 Priority Date: 5-20-2002
SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 9-19-2002 By KT Date Returned _____ By _____ WRIA: 54

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)

*The system will include a 30 hp pump to a 8 inch line
which will provide water to a 100,000 gallon storage pond.*

- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your
County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the
Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Spokane go west on SR-2 to the west side of Airway Heights, WA, then go south on Craig Road for 0.8 mile, then east through the entrance gate of Spokane Rock Products, Inc., then east 1/4 mile to the office. The proposed well location is approximately 130 feet east of the office.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)



Date

5/15/2002

Landowner for place of use (if same as applicant, write "same")

SAME

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).